

CONSUMER COMPLAINT FORM

GENERAL COMPLAINT

OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION

AG FORM #208 10/99

STATEWIDE TOLL FREE 1 800-551-4636
HEARING IMPAIRED - TDD 1 800-276-9883

CONSUMER INFORMATION

Name _____
Please Print or Type Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (____) _____ Evening: (____) _____ E-mail address: _____

☐ I do **NOT** wish a copy of this complaint sent to the business about which I am complaining.

☐ To protect myself and/or my property, I request that my complaint be kept confidential and not subject to public disclosure.

I understand that if I have checked either box, the Attorney General's Office cannot process the complaint or offer their informal mediation services.

OPTIONAL: For our statistics, we would appreciate having you check the appropriate age box: ☐ 18 – 29 yrs ☐ 30 – 39 ☐ 40 – 49 ☐ 50 – 59 ☐ 60+

BUSINESS INFORMATION

Name of business that I am complaining about _____
Please Print or Type

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Toll-free number _____ E-mail address _____

Name of Owner or Manager (if known): _____

Names and addresses of any other businesses involved in your complaint: _____

Item or service purchased: _____

Cost of item or service: _____ Did you sign a contract? _____ Date of transaction: ____/____/____

Salesperson's name: _____

Was an advertisement involved? _____ Date and source of advertisement: _____

(Please send a copy of the advertisement if it is available.)

ABOUT YOUR COMPLAINT . . .

Have you complained to the business _____ If YES, to whom: (and their position) _____

What response did you receive?

If you have not contacted the business, explain why not: _____

Have you filed a complaint about this business with the Attorney General's Office before?: _____

If Yes, list the file number assigned to that complaint: _____

Have you contacted a private attorney? _____ If YES, identify the name and address of the attorney:

Is there a court or other legal proceeding pending? _____ If YES, please explain: _____

EXPLAIN YOUR COMPLAINT IN DETAIL (Use additional pages if necessary):

What do you think the business should do to resolve your complaint? (Circle one)

Refund

Deliver Product

Perform Service

Other Explain if you have circled "Other":

Bellingham: Island, San Juan, Skagit and Whatcom Counties

103 E. HOLLY, SUITE 308

BELLINGHAM, WA 98225-4728

(360) 738-6185 fax (360) 738-6190

Seattle: North King, Snohomish, Clallam and Jefferson Counties and Bainbridge Island

900 FOURTH AVENUE, SUITE 2000

SEATTLE, WA 98164-1012

(206) 464-6684 fax (206) 464-6451

Tacoma: Pierce, Mason, Grays Harbor, Kitsap and south King County

1019 PACIFIC AVENUE S, 3rd Fl

TACOMA WA 98402-4411

(253) 593-2904 fax (253) 593-2449

Olympia: Thurston County

905 PLUM ST SE #3; PO BOX 40118

OLYMPIA, WA 98504-0118 (360) 753-6210

FAX (360) 664-2585

Spokane: Eastern Washington

1116 WEST RIVERSIDE

SPOKANE WA 99201-1194

(509) 456-3123 fax (509) 458-3548

Kennewick: Central Washington

500 N MORAIN ST, SUITE 1250

KENNEWICK WA 99336-2607 (509) 734-7140

fax (509) 734-7290

PLEASE TYPE OR PRINT. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.

Vancouver: Southwestern Washington

1220 MAIN STREET, SUITE 549

VANCOUVER WA 98660-2964

(360) 759-2150 fax (360) 759-2159

Please include copies of related documents.

SEND COPIES ONLY - DO NOT

INCLUDE ORIGINAL DOCUMENTS!

SIGNATURE

I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

I understand that my complaint and the related documents will become a "public record" and under state law can be subject to a public records disclosure request and thus be seen by other people.

Signature

Date

City and State where signed